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ORIGINAL ARTICLES.

Who is the New Doctor.

Faculty Address to the Graduating Class of 1897, of the Kansas Medical College, Read at the Commencement Exercises April 6, 1897.

BY S. E. SHELDON, M.D.,

Prof. of Gynecology, Kansas Medical College.

With this returning commencement season, there will go out from the various medical colleges in this country, over five thousand graduates of medicine; to fill the vacant places in the ranks of that noble army of self sacrificing philanthopists, who, like brave and well disciplined soldiers, have either fallen at their posts in the discharge of duty, or who having become disabled from exposure, hardships, privations and unrequited services, are compelled to give up the labor of their chosen profession, many of them before they have reached the meridian of life; and in these and in other ways the ranks of our profession are being constantly decimated; and as constantly filled by those who, like this graduating class have complied with the requirements of some reputable medical college, and have been armed with ample authority by their alma mater to entitle them to a trial of their real worth, and real merit, not only as members of the noblest and grandest profession in the world, but as to their fitness to become members of the societies with which they may cast their lots; and in order to carry out this great plan of perpetuating the continuity of the medical profession, these thousands of candidates for professional honors find themselves distributed to as many different localities, and from each locality goes up this same query, "Who is the New Doctor?" and before the new arrivals can be admitted to full citizenship, before they can claim the professional confidence of the community, they must have, and they have a right to demand a satisfactory answer to the inquiry. It is not sufficient that the new doctor should have attained the age of legal responsibility, or that he should have been honored by the title of M.D. by his alma mater; or that his pleasing manners and affable ways should cause the doors of society to open to him upon his entrance to the new locality; common courtesy and the common customs of usage of civilized society, would concede this much to any stranger coming with such credentials, and the real question is still unswered, as to "Who is the New Doctor," and whether competent and well qualified professionally, and second as to whether he is worthy of the confidence and respect of the community who have welcomed his coming. In support of the first inquiry he presents his diploma from his alma mater, bearing upon its face the signatures of its officers and faculty, many of whom have national reputations in the profession, and whose standing in the community, socially and morally, is above reproach. Such an introduction to society, when supplemented by conscientious, painstaking, studious, intelligent professional work, will soon answer the first inquiry. But some of you will ask, how can this be accomplished. In the first place, you must be honest to your patients and honest to yourselves, and keeping the golden rule as the guide to your conduct you cannot materially err; you must let nothing prevent you from exercising the utmost care, patience and skill in every case, so that the charge of negligence or carelessness may never be

placed at your door. And then you must be studious, not only to study each individual case as it presents itself in all its various relations and conditions, but you must adopt and maintain a systematic course of study of the latest standard medical works and journals, and, if possible, gain that enviable reputation of always being found with your books or in your laboratory, when not otherwise professionally engaged. It will not satisfy the people, or be just to yourselves or the profession, if in the examination and care of your patients you do not use every known means to arrive at a correct diagnosis of each and every case, or if you do not employ the most advanced and approved lines of therapeutics in their management. The microscope, the crucible, the test tube, the science of chemistry, the electric current and the concentrated electric rays, and other recognized means of diagnosis must, each and all in appropriate cases, be brought into requisition as aids in diagnosis.

With the great advances that have been made in every branch of our profession within the last few years, and with the increased educational advantages and intelligence of the masses of the people, they are demanding a higher grade of professional education and a higher standard of moral attainments than was ever required; and to meet these demands nearly all the medical colleges in the land are demanding of their matriculates a higher standard of preliminary education, and a higher grade of moral attainments. They have lengthened their course of study, have increased their number of instructors and required of them a higher grade of instruction. They have increased the efficiency of their chemical laboratories and pathological museums, and increased their facilities for the study of anatomy, physiology and all of the primary branches, and have added that indespensible adjunct, the bacteriological laboratory, without which, in these days, no medical college is complete. Nay more, they have organized a system of clinical instruction in every department, so that every student not only has an opportunity of observing the work of the teachers, but whereby they also have an opportunity of doing much of the work themselves, thereby becoming familiar with many of their professional duties before leaving the school, and it is along this advanced line that the Kansas Medical college has taken its stand, and along this line it is doing its work, and you need not ever be ashamed of your alma mater, as its graduates are the peers of those of any other school in the United States. And if you continue your studies and work as you have done while students of the Kansas Medical college, and follow the precepts that have been given you, there is no reason why you should not prove yourselves worthy of the confidence of the community, but be also an honor to your chosen profession. But the answer to the second query is of just as much more importance and is as much further reaching in its results as is the moral nature of man above the physical, or, as are the things of this life to those of the life which is to come.

The relations that should exist between the family physician and the people is a very peculiar, intimate and sacred one. He becomes at once the friend and trusted advisor of the father and husband, the confident of the wife and mother and the children's ideal of wisdom, learning and prophesy, while to the people as a whole, the family physician should be the embodiment of impartial justice, kindly sympathy and humane benevolence. Sobriety in its broadest sense must constitute one of the leading virtues, not only as an example to those who are so liable to imitate, but because he owes it to society and to his professional honor to give his best intellectual efforts and mental accumen, for the relief of suffering and the saving of life. And this he cannot do when his brain is benumbed and his intellect clouded by the use of alcholic drinks, or the mind obtunded by that equally sure but slower poison, nicotine. The day has long passed when it will be said of the doctor as many of us have frequently heard, that he is the best physician in the world if you can only find him sober. Such remarks have often brought the blush of shame to the cheeks of many a good, competent and sober

physician and caused him to hang his head in sorrow. And should you ever hear it in this advanced age of progress and education, you can only pity the ignorance of the one who says it. No, the people will not tolerate it today, for the physician must have a clear brain and an unclouded intellect to successfully keep pace with the rapid progress that is being made in every branch of our profession, in these the closing years of the nineteenth century, and if you fail in this the car of progress will pass and you be left behind to group your way in darkness and professional oblivion. But more than this is rightly and justly expected of the family physician. Morality, honor and integrity of character must be added to his other virtues, for he who becomes the friend and advisor of the head of the family must possess that integrity of character and high sense of honor that alone can make friendship desirable or advice valuable. So also the confident of the wife and mother in her hours of trial and sorrow must be possessed of that high sense of honor and moral rectitude that will insure to her protection of character, security of person and the maintenance of her good name.

While you, who will be the child's ideal of wisdom and of learning and the embodiment of those higher qualities of manhood and womahood, must by precept and example and by your daily life and conversation be an object lesson that will be an important factor in moulding their lives and forming their future characters. And this power of example, of precept, of influence and impression upon the youthful mind be it for good or evil, does not end with you, but goes on and on and on into eternity.

I well remember the old family physician of my boyhood days, who next to the minister was my ideal of all that was good and noble and manly and learned and worthy of imitation, and so thoroughly was his character impressed upon my youthful mind that it has largely been a rule and guide of my conduct through much of my professional life; and though he has now attained the ripe old age of over four score years he is in that community "the grand old man," their, oracle, loved, respected and admired by all. May our lives be such that this may be said of us as we complete our record. To the family physician more than to any other person in the community are confided the family secrets both of a domestic and private character, and these are oftentimes of the most delicate and important nature, threatening the integrity of the family circle, when perchance the husband and wife is trembling in the balance, or the character and future welfare of a wayward son or a disobedient daughter are the vital questions to be determined by wise, conscientious and confidential counsel. And it is upon such momentuous and critical occasion as this, that the family physician is often importuned for advice and counsel, and it is a crucial test of his stability of character, his high sense of honor and his broad ideas of moral rectitude, and above all his beautiful application of the golden rule.

We are all of us so apt to get erroneous ideas in our younger days of what constitutes real manhood and womanhood. We conceive and cherish the idea of wealth, of title, of display, of the luxuries of life and the gratification of our appetites and passions, and have a disregard for the things sacred and divine; and imagine that herein lies the essentials of true manhood and womanhood. Nay more, we go further, and entirely ignore the third injunction of the decalogue, well knowing that we will not be held guiltless for so doing. Stop and think, my friends, one moment, have you by thus openly and wilfully violating an injunction of the divine law, elevated yourself in the estimation of any one? Has it added one enobling trait to your character? Has it made you more respected and honored and admired by your fellow men? Has it made you a more worthy member of the society whose example you would desire to have the rising generation follow and imitate? No, you have debased yourself, you have impaired your manhood, you have lowered yourself in the estimation of all good people, you have contaminated the morals of your associates, and jeopardized your own soul; and when you stop to consider the sub-

ject of true manhood and womanhood, and what it really is, you cannot but see and acknowledge your erroneous conception of it.

What is it then that constitutes this ideal manhood and womanhood? It is character; character sustained by honest convictions, and defended by moral principles; character that will stand the search-light of honest investigation and criticism and come out unscathed from the furnace of calumny and adversity; character born of conviction of the right, and maintained and defended against all foes, either from within or from without.

Character grows with our growth, and adversity and opposition, severe trials and sorrows, as well as great opportunities and reeponsibilities help to develop character. Another great aid in the development of character is self-sacrifice, and some times it seems to me that it should rank as one of the cardinal virtues. It makes us broader, higher and better men and women; it stimulates and nourishes character. To deny ones self for the good of others or for the good of the community, as the true physician so frequently does, is only another example of that development of character so essential in true manhood and womanhood, and the greater the sacrifice and the greater the self denial just so much greater is the benefit to ourselves in developing our character.

If the "New Doctor" then is going to succeed and maintain standing in the front rank of his profession and society, industry must also be an essential trait of his character, for there is no place in society, or in the profession, for the laggard or the drones. The rapid advances that are being daily made in the profession, demand of its devotees, not only eternal vigilance as the essential to success, but continuous application and study; original research and investigation, and the application of those facts that have been worked out by others and reported to the profession for their information and guidance, and for the benefit of those who are looking to, and depending upon you, for relief from pain, and the saving of life. The good old days of the curbstone politician and the "Corner Store Doctor" are fast passing away. The former to be supplanted by an educated and intelligent constituency; and the place of business of the latter has been transferred to the library, the laboratory and the well regulated office.

Another thought that must have impressed itself upon every student of medicine is this: Its daily increasing magnitude, its nearer approach to an actual science, and the consequent greater demands upon the energies and skill of its devotees; and I am more and more impressed every day with the necessity of the physician devoting himself entirely to his professional work if he would succeed. Many of you can well remember when one years study and one or two short courses of lectures, was all that was required to qualify the physician for his life work; and not only that, but he could then engage in several other avocations or professions, and satisfy the demands of the people. How many of us have seen that most sacred of professions, the ministry, and that of medicine or law represented by one person, after only a brief period of preparation for either, and the requirements of both professions and the community seemed to be fulfilled. Or, who has not seen the merchant doctor, or the farmer doctor, or the political doctor, each doing business in these dual capacities, and it did not seem so much out of place or altogether inharmonious. But how different today, when each of the learned professions referred to, not only requires the united and concentrated efforts of the individual to represent either in a creditable manner, but each is subdivided into specialties, each one of which demands the closest study and observation, the most severe training, and rigid application of thought and energy to successfully master them and to satisfy the demands of a more intelligent and better educated people.

There seems to be an erronious idea prevalent among many that the attainment of a collegiate education, be it in the literary, scientific, legal or medical department, entails upon its fortunate possessor a life of idleness and ease, and an immunity from labor and responsibility, and with this

erronious idea in view, parents often times expend large sums of money to confer this imaginary blessing upon their children; and the children with the same idea in view are restless and dissatisfied until they are permitted to enter upon that much coveted course; and to accomplish the desired end are willing to make great self denials and undergo privations, only to find that in the end, disappointment; and too frequently the result is that they drop back into the ranks from whence they came, unwilliug to assume the labor, the care and the responsibility that must be, to insure success.

Look at the leading and successful educated men and women in every department of life who have attained any considerable eminence or distinction in their chosen calling, and what do you find, an army of hard workers; they are not content with eight or ten hours daily work, but from early morning until late at night, and often times until the wee small hours of morning again, you will find them at their life's work, the physician with his patients, the lawyer with his brief, the clergyman in his study, the teacher with his problems, the politician delving into the intricacies of the science of government, the business man solving those great problems that govern trade and commerce while the dim midnight lamp of the scientist is enlightening the world.

No, it is not a life of ease and idleness that is vouchsafed to those who have attained a liberal education, in any of its various departments, but to him who would succeed it is one of unremitting toil, rigid discipline and self denial, and I am persuaded from my personal knowledge of this graduating class that long before they had concluded their final examination, they had dispelled from their minds (if it ever existed) any idea that their path was to be strewn with roses, but on the contrary fully realized that they were just entering upon a life work, the success of which depending entirely upon the zeal, energy and faithfulness with which they applied themselves.

To the class of eighteen ninety-seven; we desire to congratulate you upon the proficiency you have attained while under the fostering care of the Kansas Medical College, and of the creditable rating that has been awarded you by each of your teachers; and we can safely proclaim to you and to the world, that this is the largest and best class that has ever graduated from the Kansas Medical College. We do not say this because you are here with us tonight, but because it is a fact. You have had better advantages than any former class in many ways: First, there have been many new things discovered and brought to light and given to you for the first time.

Second, a higher standard of qualification has been required.

Third, the college has materially increased its facilities for instruction and the teachers have had additional experience in their work—all of which has been to your advantage, and makes the class of ninety-seven the best. But in eighteen ninety-eight we expect for the same reasons, to have a better class than this, and so on each year as long as the Kansas Medical College shall maintain its high standard in the galaxy of medieal colleges.

Introduction Commencement Exercises

BY J. E. MINNEY, M.D.,

Dean of the College and Master of Ceremonies.

Ladies and Gentlemen: This is the seventh time in as many years the Kansas Medical college has welcomed you to its anniversary exercises. The college was organized in 1889. It will soon be ten years old. It has cut its milk teeth and is now cutting its eye teeth, preparatory to cutting its wisdom teesh. The school has made a gradual growth from the first, until the last year, when its per cent. of increase was greater than in any two previous years. Twenty-two students were enrolled the first year. Twenty-eight the second year; thirty-five the third year; forty-five the fourth year; fifty-six the fifth year; sixty-four the sixth year and ninety the seventh year. Three hundred and forty in all.

There were no graduates the first ear.

The second year two received the degree of M.D.; the third year ten; the fourth year seven; the fifth year eight; the sixth year nine; and this, the seventh year, twenty-two, making in all fifty-eight, or 17 per cent. of graduates which is so far as I know, the lowest per cent. of graduates from any medical college in the United States. The average attendance has been about fifty for each year of the seven. The time of attendance required is twenty-six weeks, or a fraction over six months, exclusive of the holidays. The average expense of each student for tuition, board, books, instruments, and incidentals for each year is about three hundred dollars. This would bring to or keep in Topeka from twelve to fifteen thousand dollars per year from one small institution. It seems to me if a large number of small institutions were established and supported in our capital city, the "way out" would be easy. The financial gain, however, is the least benefit derived.

It is said that the culmination of the life of a tree is its fruit. A tree is judged by its fruit. The Kansas Medical college is the tree this evening. The twenty-two ladies and gentlemen gowned and sitting on the stage before you are its fruit. The quality of the fruit determines its value. The fruit to which I have called your attention is invaluable. The time occupied, the labor required, the money expended, the tears shed, the prayers offered, the bodily sufferings, and the anguish of mind and soul endured in order to perfect this fruit, has been paid a thousand times over in the finished product we are enabled to present to you and to the world to-night.

The good a man does to his fellowman is is the measure of his success in this life. Evidenced by that standard, had the Kansas Medical College no other graduates, this class alone entitles her to an imperishable name in the history of our commonwealth. Kansas has a history. She was conceived by the holy spirit of human freedom. She was born in the mighty throes of a nation's agony. She was reared during a soul trying period of financial, political and moral upheavel never before experienced by one generation of men. Add to this her conflict with nature—when the earth was burnt with fervent heat, and the brassy heavens returned no moisture—when the chinch bug became a pest and the grasshopper a burden, when the hot South wind killed the last reviving hope of the husbandman, and the blizzard and the cyclone struck terror to the soul. But she has survived it all and is a living example to her motto *ad astra per aspera.*

That spirit makes stepping stones of difficulties, obstructions and mistakes upon which to mount higher. With such a history and such teaching, and such an example, is it any wonder that her children, reared amid such surroundings should imbibe the same spirit, partake of the same nature, and be inspired with the same determination to succeed when difficulties beset them, when trials and tribulations come upon them,

The Kansas Medical college is young in years but old in experience. She has fought the bitter fight. She has been tested and not found wanting. She has proved her fitness to live. She has established a medical center in Topeka, and has stimulated the medical profession in Kansas to a higher medical plane and in this way she has been the means of furnishing the State and other States with medical men and women second to none.

This has been done for the betterment of mankind, by private enterprise stimulated by friends and goaded by enemies.

The college has been recognized by the medical profession from the beginning of its existance having assisted in the organization of the Association of American Medical colleges at Nashville in 1890 and of which it is a member.

Friends, neighbors, co-workers in the cause of humanity, with jealousy toward none and love for all, the Kansas Medical college extends to you a whole souled, warm hearted greeting to-night.

We have prepared, not a royal, but a true Americo-Kansas treat for you this evening in connection with the exercises, in the general address, by a co-worker in the intellectual vineyard, from whose wine-press

some of the choicest vintage of the Kansas Medical college has been obtained, which in our vernacular means one of the gems of the literary colleges of the land, President Herrick, of Washburn.

Valedictory.

BY E. M. BROCKETT, M.D.

Friends, we are glad, indeed, to have your presence to-night: glad because this is one of the few professions that should be in touch with all mankind, scattering blessings alike to rich and poor; glad because your coming together on this occasion is a means of becoming interested in one of the grandest and noblest institutions within the borders of our great commonwealth.

Grand institution? Yes! Not because it is the chosen profession of that branch of the medical profession here assembled, but because the true mission of the physician is to go forth as one commissioned to sprinkle blood on the doorposts, cheat the death angel of its prey, and now and then nourish back to life some cherished loved one to continue scattering sunshine and joy in the hearts of those about him.

It is said that refinement is the characteristic element of every college community, and that the spirit of education spreads from house to house till every individual becomes a better scholar for having lived under the refining influence of such an institution of learning: so a medical college in any city becomes an inspiring element that lifts the medical profession from the old rut, making it more thorough and more practical, thus throwing an extra arm of protectien around each person within the area of its widened influence.

The profession represented here to-night is a progressive one. There is no standstill. The American Medical Association makes the standard, and every college must measure up to that standard or forever sink into oblivion.

The high standard marked out by a college together with the excellency of its work, is the only means whereby such an institution can be perpetuated. I would not for one moment lead you to believe that we think that the real elements of the medical profession come from the ranks of those going forth at this time from this or similar places of learning, but rather emphasize the fact that honor belongs to those of riper experience, who for years have delved and toiled to impart a more thorough knowledge of medical science to those who, in years to come, are to receive the mantle as it falls from the shoulders of the master workers of to-day.

Fifty years ago the abdominal cavity was considered dangerous ground, and any attempt to enter it was thought to be little less than premeditated murder. But behold the change that science has wrought during the short period of five decades.

Less than two years ago a man was brought to this city as a last resort; forty-eight hours more and the undertaker is the only one who could have cared for him. One who is with us on this occasion entered that sacred cavity, removed thirty-three inches of that man's intestines and approximated the ends, resulting in a perfect cure. That man is now an ardent admirer of this method of treatment advising a similar operation as a panacea for all the ills pertaining to the intestinal tract.

At another time a member of this faculty was hastily summoned to a rural district and there, in consultation with the family physician, examined a mother whose every symptom pointed to a speedy death. Heroic meusures must be resorted to or soon a father would be left alone to care for his dear motherless little ones. Hasty preparations were made and in the very face of death an operation performed, the cause of the trouble removed, and a mother spared to rear her little ones as only the great loving heart of a mother can conceive.

But this is not the only means by which life is saved and sorrow driven from our midst. That little intubation tube has been the means of saving thousands of children from a horrible death by strangulation, making as many homes happy by a continu-

ation of their childish glee.

The banding together of thoughtful, progressive men has advanced the standard of medicine from a crude unlettered theory to a classified profession commanding the attention and respect of all.

The benefits of a school of medicine are no longer strictly confined to its foster city, but reaches out with its great arm of power until every city, every village and every community in the broad expanse of this commonwealth are uplifted and made better through its work.

A profession whose sole object is to save life, relieve pain, prevent sorrow and gladden the hearts of individuals, families, and communities, is one that enlists the interest and attention of all.

What is our interest is your interest, and what is our success is your success. So we reiterate our appreciation of your presence, trusting that the Kansas Medical College will grow nearer and dearer to you all as the years roll by.

Honorable President and Dean of the Kansas Medical College: It may seem egotistical on the part of those just crossing the threshhold of so broad and important a science to attempt to eulogize its educational institutions; but nevertheless we wish to congratulate you on the excellent course that you and your able assistants have outlined and maintained for the benefit of future members of the profession. We congratulate you on the high reputation already acquired by the Kansas Medical College. A reputation that has attracted students from the snowbound country of the North to the ever blooming regions of the South; and from the old historic mountains of New England far out toward the Golden Gate.

Gentlemen of this faculty, it is to you that we come with the kindest feelings; it is to your experience and to your labors that we are indebted for our present medical attainments. Many are the homes that are holding your individual names in reverence to-night, because of untiring efforts in relieving the sufferings of humanity; but had you been content with this, that ripe experience and high culture that others are now gleaning from your instruction would have been lost save to those within the immediate boundaries of your own practice.

The work that has done most for the world: the efforts that have ever reached down to those of a lower level, lifting struggling humanity up to a plane of higher culture, has been accomplished through the untiring efforts of the humble teacher.

We concede that war and bloodshed have been essential elements in clearing away the rubbish and preparing this world for its real mission—the happy and joyous dwelling place of man. During this mighty struggle kings and warriors have ever occupied a central place in the world's incessant gaze; but now that the clouds of war are beaten back and the sweet incense of peace is falling like a mantle over us, the real character and worth of the master teachers are recognized and now becoming an important factor in moulding and fashioning our future destiny. The power of the living teacher is far greater than cyclopedia, history, or biography. The living teacher presents his subject backed by a personality that impresses it so deeply upon the mind that it becomes a part of the very being of his pupils. The students that go out from our schools and colleges carry with them the thoughts and personalities of the leading spirits of such institutions. During the three years that we have sat at your feet, listening as you unfolded the great truths of medical science, you have not left untouched the perils by which many a promising physician has fallen; but in clear, ringing tones you have pointed out the evils to be avoided together with the purity of character that should be maintained by every practitioner.

Another hour and the pleasant associations so long existing between us will have been severed forever; you to remain at your post of duty, there to inculcate like principles unto those who come after us: while we go home. But as we go, we go not alone; your thoughts, your energies, your experiences and your lives, they go with us; and as we again take our places in the great arena of life we trust that our work may

prove worthy of your labors and in due time earn for us a place of honor at your side.

Members of the class of '97, another epoch in our personal history closes with this evening's exercises, and with it the trials and tribulations accompanying student life.

Soon he who is vested with the proper authority will have the pleasure and honor of conferring degrees on the largest class in the history of our beloved college. So far we have run well; our joys and our sorrows, our trials and our disappointments, have developed characters guiding us safely to this hour.

As to the future: success depends largely upon the proper classification and use of acquired knowledge; the ability to profit by the experiences of others; the success obtained in rising above our selfish motives and the amount of energy we are able to devote to the work at hand. With kind regards and best wishes for one and all we leave you to work out for yourselves the future of your own destiny. The kind words, pleasing faces and inspiring thoughts coming to us from day to day are rounds by which we climb to higher spheres of usefulness.

Before saying farewell we desire to extend our appreciation for such environments, and in behalf of those whom I have the honor of representing, I now extend to the undergraduates of this college our sincere thanks for the pleasing manner in which you have ever greeted us; to kind friends for extended courtesies; to the churches for cheering words of welcome; and to the faculty for its untiring efforts.

These scenes are indelibly stamped on memory's pages. They are the environments that will ever come to us like some far off refrain, mellowed by distance, encouraging by saying to us, "Press on!" "Press on!" "Press on!"

The mayor of Baltimore, Md., has just appointed Dr. Bubet as sanitary inspector. Hereafter this precedent, of having physicians hold this position, will be maintained, if possible.

A Reliable Antiseptic.

We take the following useful suggestions from the editorial page of the *Pittsburg Medical Review:* Practically every physician is, at more or less frequent intervals, called upon to do minor surgical work in his office, and an antiseptic dressing that is convenient of application and at the same time reliable is a special need. Many antiseptics, of alleged great germicidal powers, are offered by the manufacturers, but most of them are proprietary articles and high priced. For some time acetanilid has been recognized as one of the best dressings in minor surgery, though it still left something to be desired in the attempts to prevent suppuration.

In the *Medical News* of February 6, Dr. W. A. Fallas of Horton, Mich., makes the following suggestions with regard to acetanilid as a dressing. In place of the pure drug, he uses a compound that seems based on good ground, and is said to overcome the weak points of the single substance. He recommends:

Acetanilid, 48 per cent.

Boric acid, powdered, 15 per cent.

Starch, powdered and finely sifted, 35 per cent.

Carbolic acid, liquid, 2 per cent.

This makes a mixture that is slightly moist, but is practically a dry dressing, and at the same time has stronger powers of absorption than pure acetanilid. Its special advantages are its powerful bacteridal action; freedom from odor; painlessness and cheapness. This latter advantage is one not to be lost sight of, for by reason of this cheapness it may be applied quite profusely, especially to sutured wounds, and in locations generally where absorption into the blood is not to be feared.

A trained nurse in Chicago has recently established herself as a "home nurse." She attends the sick on the same plan that the physicians do, making daily calls upon her patients and charging a small fee.

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Topeka, Kansas, Saturday, April 10, 1897.

A Commencement.

Those who witnessed the commencement exercises of the Kansas Medical College last Tuesday evening could not fail to realize that this college has proven itself an honor to the profession and to the State. Twenty-two students were graduated, and if appearances go for anything we can safely predict that the college will never have cause to be ashamed of one of them. Since its organization the college has been strengthened from year to year by the addition of new facilities for practical instruction in medicine and surgery. The members of the faculty are all able men, well trained by experience in their particular lines of work, and they have demonstrated their ability to teach by the prominence which the graduates of the college are taking in the profession. The attendance has increased 50 per cent. each term for the past three years and it is safe to predict that with the same energy manifested by its officers as heretofore the year of '97-98 will tax the capacity of the college building.

The commencement exercises this year were better and more impressive in many respects than ever before. The students were all garbed in black gowns and caps, and there was a certain aristocratic dignity about their appearance impossible with the average class of students arrayed in miscellaneous costumes. Another innovation was the valedictory address. The valedictorian was selected by a vote of the class, and E. M. Brockett was chosen. Mr. Brockett proved himself eminently capable, and did honor to his class and the college.

Rev. Dr. G. M. Herrick, President of Washburn College, delivered the annual address. Dr. Herrick is now well known throughout the State. He is an able speaker, and his thoughts were clearly and concisely presented.

Dr. S. E. Sheldon was chosen by the faculty to deliver the faculty address. The doctor is too well known to readers of the JOURNAL to need much comment from us. We are pleased to be able to publish his address in this issue. The doctor's long experience in the profession and the active part he has taken in all matters concerning the advancement of medicine has placed him in the front rank. There are other members of the faculty well known throughout the State, of whom much might be said for their good work in the profession and the upbuilding of the Kansas Medical College. It is seldom that the pages of the JOURNAL are given to encomiums upon institutions or men, but in this instance we feel that we are justified and that the physicians of Kansas may well be proud of her schools and her standing in medicine.

ACCORDING to a rule adopted two years ago by the Kansas Medical Society all papers presented before that body must be typewritten, and they become the property of the society as soon as read.

THE prospects for a good program for the meeting in May are excellent. A large number of papers have already been promised and more are coming.

THERE will be no sections in the next State society meeting. All papers will be read before the general body and may be discussed by every one.

THE majority of the recent graduates of the Kansas Medical College are already located and in active work.

Society Meeting.

The Eastern Kansas Medical society will meet in Odd Fellows hall, corner Sixth and Minnesota avenue, Kansas City, Kas., Tuesday, April 20.

The following program has already been arranged, and there will be some additional papers:

Surgical Clinic—Dr. P. D. Hughes.

Medical Clinic—Dr. J. A. Mitchell.

Paper—Dr. S. S. Glasscock.

Paper—Dr. V. L. Todd.

Some Practical Points in Bacteriology—Dr. J. L. B. Eager.

Report of Case—Dr. J. C. McClintock.

Report of Case—Dr. J. W. May.

There will probably be afternoon and evening sessions. A full meeting is anticipated.

An Unusual Type of Dry Pleurisy.

Within the last two years, Dr. E. Koll (*Medical Week*) has observed in Dr. von Leuhe's clinic, upward of thirty cases of a peculiar variety of dry pleurisy, which, considering its location in the culs-desac or sinuses of the pleura, and its evolution, he is inclined to look upon as an independent morbid type. This form of pleurisy may be mistaken for a gastric lesion, such as round ulcer, and acute or chronic catarrh, or for pericarditis, intercostal neuralgia, or diaphragmatic pleurisy, with which it is, in fact, sometimes associated.

The onset of the affection, in the majority of cases, is sudden, without obvious cause, it being ushered in by fever, and other constitutional symptoms, which give it the character of an acute infection. In two patients only, it appeared to be connected with articular or muscular rheumatism; but, so far, Dr. Koll has not met with it in patients suffering from diseases which predispose to congestive or inflammatory attacks in the serous membranes, such as nephritis, diabetes, etc. It is evidently, therefore, a primary pleurisy.

The subjective symptoms of the affection usually recall those of acute or chronic gastric lesions. The most important of these is pain in the epigastic region, diffuse or localized, which sometimes disappears very suddenly. It is especially marked at a spot situated immediately below the ensiform cartilage, and increases under the influence of pressure, deglutition, and forced respiration. Sternal and peri-sternal pain is also present, radiating laterally along the inferior margin of the lungs. The pain is of a peculiar smarting character, and is aggravated by deep breathing, exertion, and bending forward. Lastly, there are frequently eructations, vomiting, and a considerable increase in the frequence of the pulse, reaching 140 pulsations per minute, but without any cardiac lesion.

On auscultation, Dr. Koll, in every case, found a fine friction sound, synchronous with the respiratory movements and localized in the region of the pleural sinuses. This friction sound was especially marked over the third and fourth ribs, as well as at a spot situated a little below and internally to the apex beat, corresponding to the process of the upper lobe of the left lung, which, at this place forms a kind of bridge between the costo-pericardial and costo-diaphragmatic sinuses of the pleura. A low friction sound was sometimes also heard

over the middle of the sternum, whence it was propagated toward both sides, along the lower culs-de-sac of the pleura, sometimes as far as the vertebral column.

All these friction sounds were produced during the maximum of inspiration, and disappeared after a series of forced inspirations, becoming perceptible again after two or three hours had elapsed.

In three cases this sound was heard in the intervals between the respiratory movements, and it then was synchronous with cardiac pulsation; but, inasmuch as this phenomenon manifests itself only in the region of the culs-de-sac of the pleura; never at the spot where the lungs leave the anterior surface of the heart exposed, Dr. Koll concluded that this, obviously, is a pleural, not a "pericardial," friction sound.

This form of dry pleurisy sometimes extends to the peritoneal cover of the spleen and liver. In three patients, for instance, all of whom were women, there supervened suddenly, in the course of the pleural affection, aggravation of the fever, preceded by rigors; then the spleen increased in size, and became tender, and auscultation revealed the existence of intense perisplenic friction sounds, though without enlargement of the liver.

The general evolution of dry pleurisy of the pleural sinuses is characterized by its long duration, and by the frequent exacerbation and remission of the symptom. Among all the cases under Dr. Koll's observation, seven only recovered completely; the others, when discharged from the hospital, still presented pleural friction sounds, and experienced, on deep inspiration, a feeling of oppression and pain in the affected region. In four patients, these morbid symptoms were found to persist six months later.

Dr. Koll recommends, for the treatment of this affection, rest in bed, and the administration of calomel in doses of 15 ctg. three times daily; this being especially useful in cases complicated by perisplenitis, and perihepatitis. Blisters and other derivatives only produce a palliative effect.

An Apparent Exception to Colles' Law.

C. Travis Drennen, M.D., in Journal of Cutaneous and Genito-Urinary Diseases.

Mr. G., aged 51, was a syphilitic for seven years prior to his marriage with an apparently healthy young woman of 22. One year after marriage a little girl was born with well marked signs of hereditary syphilis; at the age of three this poor child became hemiplegic. From this attack she has never recovered. The father, a few weeks prior to the birth of this child, was much troubled with left hemicrania, particularly at night, and with pain from well developed nodes on the tibiæ of both legs. This pain was made to disappear under syphilitic treatment in about ten days or two weeks. Treatment was continued for about three months, when the patient becoming careless and indifferent it was given up; I would further add just here that this man had not prior to that time taken any medicine whatever for his trouble, only four bottles of "Sarsaparilla," as he states, leaving everything off after the chancre healed.

The second child was born two years after the first and as yet it has shown no signs of syphilitic disease, seemingly perfectly well and always enjoying the very best of health. Two abortions occurred after this at the third and fifth month respectively.

Three years after the birth of the second child another child was born manifesting all the signs of hereditary syphilis, such as mucous patches about the mouth and anus, snuffles, characteristic eruptions, etc. This child died six weeks after its birth.

The mother at this time having heretofore remained apparently perfectly well showed signs of a well developed case of secondary syphilis and what seemed to be a typical and characteristic chancre of the left nipple. This poor woman has suffered terribly, both in body and mind and as yet is unacquainted with the real nature of the enemy which torments her. It is now six months or more since her first trouble began, and she has at times outbreaks of sore throat and mucous patches with quite perceptible

enlargement of the inguinal, epitrochlear and cervical glands; in fact she seemed to be going through a well developed stage of secondary syphilis.

Now the question naturally arises did this unfortunate woman become immunized through her first child, and if so did she lose that immunity whilst carrying her last, and unquestionably, syphilitic child; again, should we question the paternity of the second child or should we rather attribute its good health to the slight and inefficient treatment administered to the father at or near the birth of the first child?

It is my belief that in this case we have an exception to Colles' Law; that the placenta in this woman acted not only as a filter to the toxines as well, preventing them from entering the blood or having any influence upon this woman whatever. And again, I would not feel safe in questioning the paternity of the second child, but think it was begotten at a time when the syphilitic poison was inactive and rendered so through treatment which being insufficient permitted not only the breaking down of the father's general health and partial paralysis of the right side one year ago, but the sad and disastrous results which we have detailed above.

Local Treatment of Chonic Gastric Catarrh—A Clinical Lecture.

J. M. G. Carter. M.D., Sc.D., Ph D., Reprinted from the American Therapist.

Local treatment may be applied in any stage of chronic gastric catarrh; but it must be varied somewhat in the different stages. The grade of inflammation, its character and persistence, likewise may require some modification of the treatment.

First Stage.—During the incipiency of chronic gastritis, local treatment is not so essential except in bacterial cases, but is beneficial. It serves to modify the congestion when that is increased, and often allays dyspeptic symptoms even when they are more marked than usual. The use of warm water (105°) with bicarbonate of sodium (3 per cent.) for washing out the stomach is frequently very valuable to remove the tenacious mucus usually adhering to the gastric mucous membrane, in this condition, and interfering with the proper mixing of peptic fluid with the food. The patient may drink a glassful of the solution before meals or it may be introduced into the stomach through the tube. If the tube is used, the stomach should be filled before allowing any reflow. The cold douche with water at 80° to 60° is sometimes more grateful and helpful than the hot douche (110° to 125°). A continuous effect may be secured by using a double tube and permitting the inflow and outflow to progress simultaneously; but care should be taken to keep the stomach distended sufficiently to have the solution come in contact with the entire gastric surface. The soda solution dissolves the mucus and the stream washes it away. Weak soap-suds may be used with the tube for the same purpose. More satisfactory in many instances is the use of a solution of hydrozone. A glassful (fl ℥ viij) of a 2 to 3 per cent. solution may be given half an hour before meals. It used as a douche with the tube a 5 or 6 per cent. solution is not too strong, and two quarts the minimum amount. These douchings may be given one to six or seven times a week, according to the requirements of the case, and are frequently all the treatment this stage of chronic gastritis demands, except what changes are necessary in the diet.

Second Stage.—The inflammatory process is fully developed in the second stage and while there may be weeks or months where there is little if any suffering, the treatment should be persistent. The cleansing of the gastric mucous membrane should be systematic and thorough. This is best accomplished with a solution of green soap or a 5 or 8 per cent. solution of hydrozone, introduced with the double tube. After first filling the stomach, inflowing and outflowing streams ought to remain about equal or the outflow may exceed tne inflow, the distension of the stomach may be maintained by retarding the reflow when necessary. This process can be beneficially accomplished by driving the solution into the

stomach under increased air pressure; but when the proper apparatus for this method is not at hand the siphoning method with the single tube does very well. For home treatment or when the tube cannot for any reason be used, solution may be made for drinking. For this purpose a 2 or 3 per cent. solution of hydrozone is prepared. The patient may take a glassful (8 oz.) half an hour before meal time. He should lie down at once, remain five minutes on the back, then, turn on the right side where he must remain during the remainder of the half hour. While the patient is on the back the solution comes in contact with every portion of the gastric mucous membrane and turning to the right side facilitates the emptying of the stomach. By this process the offending mucus is dissolved and carried away and the organ is put into a proper condition to digest food. The use of hydrozone has the additional advantage of checking the growth of the bacteria, and probably exhibits greater antiseptic properties than any other agent that can be used in the stomach with the same degree of safety. In obstinate cases this cleansing should precede every meal.

After the stomach is cleansed it should be treated with soothing, stimulating and healing applications. There are many preparations which can be so used, some of the best of which are glycerole of bismuth and eucalyptol, the essential oils and glycozone. Boric acid in 2 to 3 per cent. solution as a wash with the tube is sometimes very valuable. The other agents mentioned may be used with a nebulizer by means of which a vapor impregnated with the medicines can be passed into the stomach through a tube, the double tube being preferable. If it is not convenient to use a nebulizing apparatus, the glycerole mentioned, and especially glycozone, may be administered by the mouth. In many cases, in fact, the latter mode of administering these agents is more desirable. These remedies encourage healing and materially enhance the patient's prospects of recovery. This is especially true in bacterial cases. When hydrozone has been given before meals as already suggested for cleansing purposes, glycozone may be administered in teaspoonful doses after meals with very satisfactory results. This line of treatment is frequently so successful that cases are temporarily relieved and possibly often a cure affected, particularly if the general treatment has been judiciously carried out.

If, for any reason, glycozone cannot be employed the essential oils may be used. The oils of anise, peppermint, cubebs. and tar may be combined and used with a nebulizer as previously suggested. Although benefit may be derived from the administration of this combination, I prefer the glycozone treatment. The use of hot water, 120° or more, and the employment of cold water, 80° to 40° F. may give very happy results in certain severe cases.

Third Stage.—The condition referred to here is one of atrophy. The functions of absorption and motion may be fairly well performed. The chief difficulty then is with the digestion of proteids. The local treatment has two objects, mainly, although a third is sometimes in mind. The first object is the removal of debris and foreign material. The second is the cleansing of the mucous membrane and the destruction of micro-organisms and their removal in order that the intestines may not receive bacterial products from the stomach. The third object sometimes kept in view in the local treatment by douching is a degree of stimulation of the functions of motion and absorption and the tonic effect to the gastric walls which follows those washings. The first objects is accomplished by the use of sterilized water or a 3 per cent. solution of sodium bicarbonate. Either tube may be used. The second object is affected by douching the walls with a green soap solution or a solution of hydrozone. The latter agent is 5 per cent. solution as directed above gives very pleasing results. The third object may be secured by using hot or cold water for the douche.

ARRANGE to attend the State Society meeting.